



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

December 28, 2011

Michael J. Quagletti
Southbay Entertainment, LLC
dba Baygirls Gentlemen's Club

HEARING ON APPLICATION FOR ADULT CABARET **BUSINESS LICENSE ID #136233**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, January 11, 2012** at **9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language**. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :TORRANCE DAILY BREEZE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....12/22/2011
2ND PUBLISHING DATE:.....12/29/2011
3RD PUBLISHING DATE:.....01/05/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

ADULT CABARET

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....20320 HAMILTON AVE
.....TORRANCE, CA 90502
NAME OF APPLICANT:.....SOUTHBAY ENTERTAINMENT LLC
.....MICHAEL J. QUAGLETTI
.....BAYGIRLS GENTLEMEN'S CLUB
DATE OF HEARING:.....01/11/2012
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

**OFFICE OF THE COMMISSION
500 W. TEMPLE STREET ROOM 374
LOS ANGELES, CA 90012**

RETURN TO:

**LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **ADULT CABARET**

ADDRESS OF BUSINESS: **20320 HAMILTON AVE, TORRANCE, CA 90502**

TELEPHONE:

OWNER OF BUSINESS: **MICHAEL J QUAGLETTI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **BAYGIRLS GENTLEMEN'S CLUB**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	09/10/09	
<input checked="" type="checkbox"/> 4. Fire Department	YES	11/15/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	12/15/11	
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/05/11	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/12/09	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	12/22/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/05/11	

Conditions:

TREASURER AND TAX COLLECTOR
APPLICATION FOR BUSINESS LICENSE

FEE \$ 2,405

\$(1,981)

\$(424)

I.D.# 136233

TYPE OF BUSINESS ADULT CAPARET ; FOOD ESTABLISHMENT

ADDRESS OF BUSINESS 20320 HAMILTON AVE. , TORRANCE, CA 90501

BUS. PHONE# (310) 508-3810

"DBA" Bay Girls Gentlemen's Club

APPLICANT(S) FULL NAME MICHAEL JAMES QUAGLIETTI

HOME ADDRESS _____

MAILING ADDRESS _____

HOME PHONE # _____

SS# _____

ST. BD. OF EQUAL.# _____ PLACE OF BIRTH _____

DATE OF BIRTH _____

DRIVER'S LIC.# _____

EXP. DT. _____

"CORPORATION STATUS"

EXACT CORPORATE NAME _____

DATE OF INCORPORATION _____ INCORPORATED IN STATE OF _____

NAMES OF OFFICERS

ADDRESSES

TITLES

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

DATE 6-11-09

APPLICANT'S SIGNATURE Michael James Quaglietti

APPLICATION TAKEN BY: [Signature]

DATE 6/11/09



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

County of Los Angeles
TREASURER AND TAX COLLECTOR
REVENUE & ENFORCEMENT DIVISION
BUSINESS LICENSE SECTION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CA 90012
(213) 974-6411

FROM: BUSINESS LICENSE SECTION
225 N. HILL STREET, ROOM 109
LOS ANGELES, CA 90012
(213) 974-2011

DEPARTMENT OF REGIONAL PLANNING REQUIRES A FEE
MONDAY thru THURSDAY 7:30 AM - 6:00 PM. Closed on Friday

RBUS # 200800582

DATE: 6/8/2009

ID # _____

BUSINESS CLASSIFICATION AND CODE: CABARET (ADULT) / DANCE ;
ENTERTAINMENT w/ DANCE & FOOD ESTABLISHMENT

BUSINESS ADDRESS: 20320 HAMILTON AVE

CITY: TORRANCE, CA ZIP CODE: 90502

NAME OF OWNER: MICHAEL JAMES QUAGLETTI

D.B.A./ NAME OF BUSINESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

ZONE: M-2

APPROVED: ☒ DENIED: _____

REMARKS: Approved per RCUP 200700071. No
onsite food preparation or eating.

SIGNATURE: [Signature] DATE: 6-9-09

REGIONAL PLANNING STAMP

JD:jd

Business License Approval

Department of Regional Planning
320 West Temple Street, Room 1360
Los Angeles, CA 90012

YOUR RETURN MAILING ADDRESS

NAME: MICHAEL QUAGLETTI

ADDRESS: 20320 HAMILTON AVE.

CITY: TORRANCE

STATE: CA ZIP CODE: 90502

2011129178
FILED
Nov 7 2011
Dean C. Logan, Registrar-Recorder/County Clerk
Electronically signed by BRANDIE EVANS

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)
☒ Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT) ☐ New Filings- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
☐ Renle- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)

\$5.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. BAYGIRLS GENTLEMEN'S CLUB

2.

** 20320 HAMILTON AVE.

Print Fictitious Business Name(s)

TORRANCE CA 90502 LOS ANGELES
City State Zip COUNTY City State Zip
Mailing address if different

Articles of Incorporation or Organization Number (if applicable): AI#ON 201128510182

***REGISTERED OWNER(S):

1. SOUTHBAY ENTERTAINMENT LLC

2.

Full Name/Corp/LLC
20320 HAMILTON AVE.

Full Name/Corp/LLC

Residence Address
TORRANCE CA 90502

Residence Address

City State Zip

City State Zip

If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

3.

Full Name/Corp/LLC

4.

Full Name/Corp/LLC

Residence Address

Residence Address

City State Zip

City State Zip

If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

****THIS BUSINESS IS CONDUCTED BY: (Check one)

☐ an Individual ☐ a General Partnership ☐ a Limited Partnership ☒ a Limited Liability Company
☐ an Unincorporated Association other than a Partnership ☐ a Corporation ☐ a Trust ☐ Copartners
☐ Husband and Wife ☐ Joint Venture ☐ State or Local Registered Domestic Partners ☐ a Limited Liability Partnership

*****The registrant commenced to transact business under the fictitious business name or names listed above on

N/A

(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT(S)/CORP/LLCNAME (PRINT) SOUTHBAY ENTERTAINMENT LLC

TITLE MEMBER

REGISTRANT SIGNATURE

[Signature]

IF CORP OR LLC, PRINT NAME MICHAEL JAMES QUAGLETTI

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: BRANDIE EVANS

, Deputy

Rev. 09/2010

P.O. BOX 1208, NORWALK, CA 90651-1208

PH: (562) 462-2177

WEB ADDRESS: LAVOTE.NET



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ADULT CABARET

ADDRESS OF BUSINESS: 20320 HAMILTON AVE. TORRANCE, CA 90502

TELEPHONE: (310) 508-3810

OWNER OF BUSINESS: MICHAEL J QUAGLETTI

CAL. DR. LIC. #:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAYGIRLS GENTLEMEN'S CLUB

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
LA COUNTY**

County of Los Angeles
Building & Safety Division
Southwest District Office
1320 W. Imperial Hwy.
Los Angeles, CA 90044
(323) 820-6500

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*The Subject Business is approved
for occupancy as an Adult Cabaret*

SIGNATURE:

Bob L. Poni

DATE:

1/5/2012

BASIC LICENSE NO. 7002

DATE 01/03/12

IDENTIFICATION NUMBER 136233

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **ADULT CABARET**

ADDRESS OF BUSINESS: **20320 HAMILTON AVE, TORRANCE, CA 90502**

TELEPHONE:

OWNER OF BUSINESS: **MICHAEL J QUAGLETTI**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **20320 HAMILTON**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*This approval is subject to complying
with the approved building plans provisions
per building permit and final inspection.*

SIGNATURE:

Roy L. Perri

DATE:

9/9/09

BASIC LICENSE NO. **7002**

DATE **06/12/09**

IDENTIFICATION NUMBER **136233**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **ADULT CABARET**

ADDRESS OF BUSINESS: **20320 HAMILTON AVE, TORRANCE, CA 90502**

TELEPHONE: |

OWNER OF BUSINESS: **MICHAEL J QUAGLETTI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **20320 HAMILTON**

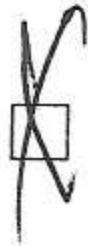
MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**TREASURER & TAX COLLECTOR
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. **7002**

DATE **12/01/11**

IDENTIFICATION NUMBER **136233**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

CRC

KIND OF BUSINESS: FOOD ESTABLISHMENT

ADDRESS OF BUSINESS: 20320 HAMILTON AVE, TORRANCE, CA 90502

TELEPHONE:

OWNER OF BUSINESS: MICHAEL J QUAGLETTI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 20320 HAMILTON

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

[Signature] 210
LACOFD

DATE:

11-10-11

BASIC LICENSE NO 0654

DATE 11/04/11

IDENTIFICATION NUMBER 136233

12/01/2011 11:20 FAX 213 833 5427

LACO TAX COLLECTOR BUZ

002/002



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ADULT CABARET

ADDRESS OF BUSINESS: 20320 HAMILTON AVE, TORRANCE, CA 90502

TELEPHONE:

OWNER OF BUSINESS: MICHAEL J QUAGLETTI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 20320 HAMILTON

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

APPROVAL

SIGNATURE

[Signature]

DATE:

11-23-11

BASIC LICENSE NO. 7002

DATE 12/01/11

IDENTIFICATION NUMBER 136233

f-06



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ADULT CABARET

ADDRESS OF BUSINESS: 20320 HAMILTON AVE, TORRANCE, CA 90502

TELEPHONE:

OWNER OF BUSINESS: MICHAEL J QUAGLETTI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAYGIRLS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION:

ISSUED PHP# 229880 on 11/9/11

SIGNATURE:

DATE:

12-15-11

BASIC LICENSE NO. 7002

DATE 12/14/11

IDENTIFICATION NUMBER 136233